

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/20/2009
NAME OF PROVIDER OR SUPPLIER  VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments  This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 11/17/09 and finalized on 11/20/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00023092 was substantiated with deficiencies cited. (See Tag # S0030) Complaint #NV00023430 was substantiated with deficiencies cited. (See Tag # S0219, S0298)  A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified.	S 000			
S 030 SS=D	NAC 449.313 Governing Body  1. A hospital shall have an effective governing body which is legally responsible for the conduct of the hospital.	S 030	The hospital's Governing Body has new process in place to ensure timeliness and accuracy of reporting as required. Self reported in August 2009 and process corrected	8/4/09	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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Bureau of Health Care Quality & Compliance

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S 030	Continued From page 2  that any such facility or society failed to comply with the requirements of this subsection, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the division.  Complaint # 23092  Severity: 2      Scope: 1	S 030			
S 298 SS=D	NAC 449.361 Nursing Service  9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.  This Regulation is not met as evidenced by: Based on interview, record review, document review and facility medication administration policy review, the facility nurses failed to provide proper medication administration management for 1 of 16 patients and failed to ensure the patient was not administered an antibiotic medication the patient had a documented allergy to. (Patient #1)  Severity: 2      Scope: 1  Complaint # 23430	S 298	Medication Administration Policy to be revised by leadership to provide additional guidelines for when a physician orders a medication the patient reports an allergy to. This will include an informed consent process if the physician determines the medication to be the indicated choice and the chain of command for resolving the discrepancy. Nursing leadership to educate staff on change in policy  Responsible Party: Chief Nursing Officer	2/1/2010	
S 310 SS=E	NAC 449.3624 Assessment of Patient  1. To provide a patient with the appropriate care at the time that the care is needed, the needs of	S 310	The Wound Care protocol to be revised by leadership to define specific parameters for collection of wound cultures.	2/1/2010	

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